PTO/SB/06 (08-03)

Approved for use through 7/31/2008, OMB 0551-0032

U.S. Patient and Trademath Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwolk Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application of Docket Number		
CLAIMS AS FILED - PA (Column 1)				obenno 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MUMBER FI		ER FILED	D MIMBER EXTRA			RATE	FEE		RATE	FEE
8ASIC FEE (87 CFR 1.16(4))							5	OR		.
TOTAL CUIDAS (37 CFR 1.18(cl)) minus 20		<u> </u>		1	X 3		OR	× 4 •		
(37 CFR 1.16(b))	minus 3 =					X 8 •		OR	X 5 •	
MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1,18(6))					1	+1		OR	+1	
" If the difference in column 1 is less than zero, enter "O" in column 2.					•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
2-11-05	Column 1)		(Column 2)	(Column 3)		SMALL (ENTITY	OR		R THAN ENTITY
	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	\vdash	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
Z . A A A Color Co	22	Minus	⁻ 140	-		x 8_ 2		OR	X 8=	7.5.5
Z independent (2) CFR 1.10(1)	3	Minus	3	•—		x s=		OR	X 8 e	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+:		OR	+1	
0.					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
425.05										
ent B	CLAIMS TEMAINING AFTER MENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
A Spect mescapeta And Control of	22	Minus	· 140	·e		X 8=		OR	xs	,
Cocuration .	3	Minus	- 3	.0	П	X \$ =		OR	X 8 -	
FRIST PRESENTATION OF MALITIPLE DEPENDENT CLAIM (37 CFR 1.18(m))						+3=		OR	+: -	•
1100				·	, ,	TOTAL ADD'L FEE	0	OR	TOTAL ADDIL FEE	
4-25-06 (Column 1) (Column 2) (Column 3)										
	CLAIMS EMAINING AFTER KENDIKENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AB Total Programma	22	Minus	-140	•	ŀ	X 8 •		OR	x \$o	
Ch Che Fredon	7	Minus	- 7	•/		x s=		OR	x *=	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(4))						+s -		OR	+; •	
					•	TOTAL ADDL FEE		OR I	TOTAL ADDL FEE	
* If the entry in column								UA.	~WC FEE	
" If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Peld For" IN THIS SPACE is less than 1, enter "2".										

"If the "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed department form to the USFTC. This will vary depending upon the included case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Crief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.C. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.